Department of Veterans Affairs
Veterans Health Administration

OFFICE OF RESEARCH AND DEVELOPMENT
HEALTH SERVICES RESEARCH AND DEVELOPMENT SERVICE

Program Announcement

Quality Enhancement Research Initiative (QUERI)

TARGETED SOLICITATION OF PROPOSALS TO ESTABLISH A QUERI COORDINATING CENTER FOR IMPLEMENTATION OF BEST PRACTICES IN POLYTRAUMA AND BLAST-RELATED INJURIES

1. **Introduction.** The Veterans Health Administration (VHA) Office of Research and Development (ORD) announces the opportunity for Department of Veterans Affairs (VA) medical facilities to compete for core support funding for a Quality Enhancement Research Initiative (QUERI) Coordinating Center addressing Polytrauma and Blast-Related Injuries (PT/BRI). This solicitation is a modification of a previous solicitation for a Traumatic Amputation QUERI to reflect the changing nature of battlefield injuries. VA Health Services Research and Development Service (HSR&D) and Rehabilitation Research and Development Service (RR&D) jointly sponsor this solicitation. All VHA medical facilities are eligible to apply for funding to host this Center. Detailed instructions for preparing and submitting applications are provided below.

2. **Background.** The changing nature of warfare and of battlefield medicine presents new challenges for VA's care delivery system. As a result of new mechanisms of injury (e.g., improvised explosive devices) and improvements in body armor and surgical stabilization at the front-line of combat, more war wounded are returning with complex, multiple injuries in unpredictable patterns, including amputations, brain injuries, eye injuries, musculoskeletal injuries, and emotional adjustment problems. VA has established 4 Polytrauma Lead sites (Tampa, Minneapolis, Richmond, and Palo Alto) to facilitate the development of specialized expertise in caring for veterans with these problems. VA Polytrauma Lead sites are expected to develop processes for managing this challenging population, to expand clinical expertise throughout VA,

to conduct research, to increase multidisciplinary collaboration, and to facilitate transition of active duty patients to VA. The success of these centers in improving outcomes, restoring function, and re-integrating war wounded into the community requires a VA-wide effort to support broad implementation of the best available evidence for the conditions facing veterans who have suffered battlefield trauma. The PT/BRI QUERI will work in synergy with the Polytrauma Lead Sites to accelerate the translation of clinical research findings into VA's care delivery system.

QUERI promotes use of evidence as the basis for clinical decision-making and uses a data-driven, outcomes-based approach to enhance system-wide quality and effectiveness. Since its inauguration in 1998, QUERI has placed special emphasis on several priority areas: chronic heart failure, ischemic heart disease, mental health, substance use disorder, HIV/AIDS, diabetes, spinal cord injury, stroke and colorectal cancer.

Polytrauma represents a new type of entity for QUERI investigations:

- The evidence base for treatment is rapidly evolving and less systematically defined than prior QUERI conditions.
- Polytrauma patients seen in VA settings include both veterans and active-duty military, so coordination across multiple organizational boundaries is required.
- The focus is on multiple morbidities rather than a single disease or condition.

Accordingly, this solicitation differs somewhat from prior QUERI instructions. The emphasis for PT/BRI-QUERI will be on identifying and meeting specific needs of the organization for improving the care of veterans with trauma and blast-related injuries, using the best available evidence including expert consensus. To fulfill that role, the QUERI Center will be expected to create and coordinate an implementation network that includes researchers, clinicians, managers, and leaders within VA and the Department of Defense (DoD).

Potential applicants can find additional information about QUERI at http://www.hsrd.research.va.gov/queri. For information about the clinical management of patients with blast injuries, traumatic brain injuries, traumatic amputation, and related conditions, see http://www.va.gov/vhi. Recent VA research conferences have addressed issues relevant to traumatic amputees and blast victims and are summarized at the RR&D website (http://www.vard.org/meet/wramc03.htm) and QUERI website (http://www.hsrd.research.va.gov/queri/meetings/amputation/).

3. **Key Activities.** The Polytrauma and Blast-Related Injury QUERI is expected to:

   a. Work with Polytrauma Lead Centers as well as clinical experts and researchers within VA and DoD to develop, test and refine tools and products specifically designed to promote clinical quality and outcome improvement in polytrauma and blast injury care. These specific tools and products should include:

- Multi-dimensional assessment and outcome tracking tools appropriately scaled to the functional levels of this population;
- Methods to rapidly assess appropriateness of advanced technology (e.g., C-legs) to allow individual veterans to achieve the highest possible level of function;
- Processes for ensuring continuity and coordination during transitions from the DoD to VA as well as transitions from specialized facilities to community-based care; and
- Educational interventions for VA providers in community-based settings likely to care for this population.

When possible, tools and other output should be evaluated for effectiveness and impact. If found to be effective, active distribution and implementation of QUERI Center tools should be facilitated through collaborations with appropriate VHA and DoD programs and entities (e.g., VA Offices of Patient Care Services and Seamless Transition, DoD Brain Injury and Amputation Centers).

b. Develop a systematic process to accelerate the implementation of research findings and best practices for PT/BRI. QUERI has adopted a six-step framework for the process of implementation, which facilitates documenting goals and objectives as well as evaluating progress in addressing performance gaps within the organization. These steps are:
   - Step 1: Identifying high-risk/high prevalence conditions or problems facing polytrauma and blast-injury victims. PT/BRI-QUERI should define the areas of focus based on available clinical or epidemiological data about the types of patients being referred to Polytrauma Lead Centers
   - Step 2: Identifying the best available evidence needed to inform optimal practice. Because of the complexity of polytrauma care, systematic reviews and large randomized controlled trials are often lacking. PT/BRI-QUERI should create an explicit process for identifying and grading evidence and best practices for “implementation readiness”. This can include appropriate extrapolations from fields such as preventive care and chronic illness care management.
   - Step 3: Identifying gaps and variations in performance related to the best practices selected in Step 2.
   - Step 4: Identifying and implementing interventions (including outcome measures, registries, performance criteria, educational interventions, and changes to the system of care) to promote adoption of best practices.
   - Step 5: Demonstrating the linkage between best practice and improved outcomes.
   - Step 6: Demonstrating impact on quality of life including recovery, restoration of function, and community reintegration.

   It is important to view these steps as a template for implementation efforts rather than a strict sequence of activities conducted in a linear fashion. A QUERI center is expected to coordinate multiple projects addressing these steps, and to

continually refine its approach as both evidence and patient needs evolve. More information about QUERI steps and Implementation Research can be found at http://www.hsrd.research.va.gov/queri/implementation.

c. Compete successfully for additional project funding from VA HSR&D Service, RR&D Service, NIH, DoD, other federal agencies, and private foundations. The QUERI Center should demonstrate a "bias towards action". Accordingly, intervention projects to address performance gaps (QUERI Step 4) should be initiated within the first year of center funding. Impacts on health outcomes and quality of life should be evident within approximately eighteen to twenty-four months of starting an intervention.

d. Work to expand collaborative opportunities for VHA researchers and health care leaders and facilitate national progress in key areas of clinical research, policy and practice (see Section 5a, "Center Requirements: Focus").

e. Develop leadership and become a nationally recognized resource in the development and implementation of evidence-based clinical practices to improve healthcare quality, outcomes and efficiency in Polytrauma and Blast Injury Care, providing timely and valuable scientific and policy guidance at the national, regional, and local levels within and outside VHA and DoD.

f. Enrich VHA's overall technical support capabilities and contributions in rehabilitation, health services, and implementation research. Collaborate with other QUERI Centers, HSR&D Centers of Excellence, RR&D Centers, and VHA Central Office to enhance overall research performance and productivity.

4. Eligibility to Apply.

a. **VHA Medical Facilities.** All VHA medical facilities are eligible to apply to host the QUERI Coordinating Center for Polytrauma and Blast-related Injuries, however, they must demonstrate a commitment to collaborate with existing Polytrauma Lead Sites. A QUERI Center is based at the home facility of the Research Coordinator. The Research Coordinator serves as formal Principal Investigator of the QUERI Center award, and carries primary responsibility for administrative, reporting and other Center requirements.

b. **VHA medical facilities with an existing HSR&D or RR&D Center of Excellence (COE), Research Enhancement Award Program (REAP), or Targeted Research Enhancement Program (TREP)** center are likely to possess the personnel, skills and infrastructure critical to the successful development and operation of a QUERI Center. However, all VHA medical facilities able to demonstrate appropriate staff resources and infrastructure to achieve the goals of this solicitation are encouraged to respond with proposals: the presence of an HSR&D or RR&D COE, REAP, or TREP is not a requirement to respond to this solicitation. In addition, VHA medical facilities with an existing

QUERI Center are eligible to apply to host the PT/BRI-QUERI Center, subject to the leadership and staffing constraints specified in section 4c below, "Coordinators." Facilities with an existing QUERI Center should pay special attention to issues of capacity and staff resources: reviewers will be especially careful to ensure that adequate capacity, energy and staff are available to fully support and operate a second QUERI Center without impairing the performance of the first Center or posing excessive burdens on other research staff or activities underway at the facility.

c. **Coordinators.** All QUERI Centers are co-led by a Research Coordinator and a Clinical Coordinator. The Research Coordinator is the Principal Investigator. Both Coordinators must be eligible to receive VHA research funds (as provided for in **VHA HANDBOOK 1200.15** available on the VHA Research & Development (R&D) web site: http://www.va.gov/resdev/directive/VHA_Handbook_1200.15_Eligibility.doc); this almost always requires a minimum 5/8ths VHA appointment, in addition to other conditions specified in the VHA Handbook section noted above. The Research, Clinical, Implementation Research and Administrative Coordinators of existing QUERI Centers cannot serve such roles in a second QUERI Center: each QUERI Center must be led by Coordinators with no other QUERI coordinator roles.

5. Center Requirements.

a. **Focus.** Each QUERI Center is expected to identify clear goals, objectives and plans for pursuing QUERI's overall mission and six-step process for an initial three-year funding period. Each QUERI Center is expected to target aspects of care of greatest importance to VHA.

For Polytrauma and Blast-related Injuries, the expected goals and clinical focus may include:

- optimizing short-term and long-term functional outcomes and quality of life,
- improving access to specialized expertise and ensuring continuity of care through the lifespan,
- minimizing medical and psychosocial complications, and
- improving rates of evidence-based care practice across the full range of clinical issues, including restorative and preventive care.

Proposals should identify the Center's initial (short-term) and subsequent (long-term) focus and priorities (among the goals and clinical issues listed above or others), clearly specifying the rationale for selection of the short-term and long-term focus and the planned prioritization of clinical issues.

b. **Leadership.** QUERI Centers are led by a Research Coordinator and a Clinical Coordinator. Both Coordinators are expected to be eligible to receive VHA

research funds (see section 4c above) and each is expected to devote at least .25 full time employee equivalent effort (FTEE) to QUERI activities. Other required core staff include a full-time Implementation Research Coordinator and full-time Administrative Coordinator. The Implementation Research Coordinator role should be staffed by one (or, in rare cases, two) VHA employees with appropriate background in behavioral, social, managerial, or organizational science (or a related discipline that provides expertise in implementing change at the level of patients, providers, teams, or organizational systems). The Administrative Coordinator role should be filled by a VHA employee. The Research Coordinator serves as formal Principal Investigator and Director of the QUERI Center, bearing ultimate responsibility for leading the Center and fulfilling all Center requirements (e.g., annual reporting, accountability for funding and performance). The Clinical Coordinator will share responsibility (with the Research Coordinator) for leadership and direction of the QUERI Center. If located at a VA facility separate from the Research Coordinator's facility, the Clinical Coordinator (and his/her facility) will generally receive a portion of the core funding, as discussed in subsequent sections of this Program Announcement. The Administrative Coordinator should be located at the Research Coordinator's VA facility. The Implementation Research Coordinator will generally be co-located with the Research and Administrative Coordinator, but may be co-located with the Clinical Coordinator if the Center leadership is distributed across two facilities. Additional information regarding Research and Clinical Coordinator responsibilities and desired qualifications is provided elsewhere in this Program Announcement.

c. **Executive Committee.** The PT/BRI QUERI Center is expected to convene a multidisciplinary group of clinicians, investigators, managers, and system leaders who will comprise the QUERI Center's Executive Committee. The Executive Committee serves as an overall governing body for the QUERI, reviewing continually the evolving evidence base, the progress of projects, and the strategic plan for further work. Although Executive Committee membership will be appointed by the Director of QUERI, responsive proposals should suggest approximately twelve potential Executive Committee members from across disciplines and geographic regions. The Executive Committee membership should be broad and diverse, comprising a range of relevant health care professions, disciplines and specialties; a mix of expertise in the relevant research, practice, and policy issues; and balanced representation from VA, DoD, and other appropriate agencies. Representation from each of the VA Polytrauma Lead Centers, as well as key decision-makers within VA is strongly encouraged.

d. **Facility Support.** The VHA medical center(s) hosting the QUERI Center is/are expected to endorse the QUERI Center application, to be indicated by a letter of support. In addition to contributing Medical Care Program 870 salary support for Research and Clinical Coordinators who are clinicians, the medical facility(s) are expected to contribute appropriate space and related facility support (including,

but not limited to: selected personnel, electricity, heating, air conditioning, telephones, housekeeping, fiscal and human resource services).

e. **Health Services Research Capacity and Academic Collaborators.** Applicant facilities are expected to have significant health services research capacity and well-established partnerships with academic collaborators who provide expertise in health services research and in quality improvement and implementation theory, research and methods (covering key issues such as management, organization and behavior change theory, research and methods). Applicants based at a facility housing an existing QUERI Center should articulate a distinct organizational structure for the new Center and clearly describe how the proposed new QUERI Center will not negatively affect the existing QUERI Center.

f. **Expected Contributions.** Applicants are expected to present clear plans describing how the QUERI Center will contribute significantly to (1) the implementation of clinical research evidence and recommendations into routine VHA clinical practice, (2) the achievement of system-wide quality, outcome and efficiency improvements and (3) the achievement of QUERI's broader mission over the initial three-year funding period, including ideas for program goals and proposed projects.

6. <u>Budget.</u>

a. **Expected Annual Budget.** The combined total core budget for the Center (supporting the Research and Clinical Coordinators and other Center core staff based at their facilities) cannot exceed $350,000. The division of this funding across the two Center locations (if applicable) may vary, depending upon the location of the Implementation Research Coordinator (IRC) and other factors. Salary support ranging up to $100,000 per year is projected for a full-time Implementation Research Coordinator. Excluding the IRC salary support amount, the Research Coordinator's facility budget is expected to range up to $200,000 for Administrative Coordinator salary support and additional core staff and other expenses, while the budget for Center staff (other than the IRC) based at the Clinical Coordinator's facility (if separate) is expected to range up to $50,000 annually.

b. **Potential Start-up Supplements.** In addition to recurring costs, up to $100,000 during Year One may be requested for initial infrastructure (primarily equipment) expenses. The $100,000 may be allocated to both Center locations (if applicable) in any ratio desired, but $100,000 will be the maximum amount allotted to both facilities combined.

7. <u>QUERI Center Funding.</u>

a. **Merit Review.** All applications will be reviewed for scientific merit by a special ad-hoc advisory group using the criteria outlined in section 9b below. Funding decisions will be made on the basis of reviews of the written applications and, if judged to be useful in providing additional information, site visits.

b. **Site Visits.** Depending upon the number of complete applications received, Center leaders (Research and Clinical Coordinators) may be invited to attend a portion of the initial scientific review session to answer any questions raised by reviewers during this session. Alternatively, the applicants determined by the scientific reviewers to have the most potential for success (based on the evaluation criteria specified below and the initial scientific review session) will be recommended for a subsequent reverse site visit to inform decisions about funding. Following the reverse site visit(s), the most promising applicant(s) may also receive an on-site visit before any final funding decision is made.

c. **Anticipated Awards and Funding Period.** ORD will approve one QUERI Coordinating Center in Polytrauma and Blast-related Injuries. The Center is expected to be funded for three years, beginning October, 2005. Renewal for an additional funding period will be contingent upon programmatic review and the availability of funds.

8. Annual Reporting Requirements. Annual (non-competing) progress is evaluated by QUERI's Research and Methodology (R&M) Committee, comprised of experts with diverse disciplinary backgrounds from a range of VHA and non-VHA academic and clinical centers. An initial Strategic Plan specifying plans for activities and projected progress will be due within six months after funding is provided. Subsequently, an Annual Report and Strategic Plan (containing any refinements to the previous year's Plan) will be due and reviewed annually.

9. Evaluation Criteria. Applications will be evaluated on the basis of the following major criteria:

a. **Administrative Review Criteria.** Applicants are expected to meet the following minimum administrative review criteria to be considered for scientific merit review:

1) Facility eligibility requirements: see section 4a ("Eligibility to Apply: VHA Medical Facilities");
2) Coordinator and Executive Committee requirements: see sections 4c ("Eligibility to Apply: Coordinators") and 5b/5c ("Center Requirements: Leadership, Executive Committee Membership");
3) Application is endorsed by the Medical Center Director of each relevant medical facility.

b. **Scientific Review Criteria.** The ad hoc review group will evaluate applications using the following criteria:

1) **Focus and Goals:** relevance and potential importance to VHA of the proposed QUERI Center's mission, goals and clinical focus, including the clarity and quality of the underlying rationale for the proposed mission, goals and clinical focus (see section 5a, "Center Requirements: Focus");
2) **Plans for Addressing Issues Identified:** quality, appropriateness and feasibility of the ideas and plans presented to meet the identified goals, including the quality and appropriateness of any proposed projects;
3) **Research Team Capacity and Qualifications:** (a) documented health services research and implementation research qualifications and capability of the team (including the proposed Coordinators, Executive Committee members and academic/clinical partners) to accomplish stated goals and to contribute to local and national research and training capacity and activities in health services research and implementation research; (b) qualifications of Research, Clinical and Implementation Research Coordinators (formal training, expertise and experience) in leading a multidisciplinary team that links research and clinical practice in ways consistent with programmatic goals; (c) qualifications and breadth of expertise of proposed Executive Committee members, including VHA and non-VHA experts with diverse backgrounds, encompassing expertise and experience in relevant clinical areas and in the implementation of evidence-based clinical practices;
4) **Facilities and Other Resources:** actual and potential VHA and other non-VHA resources and collaborators (including any specific recruitment plans).

10. General Guidelines.

a. **Notification of Intent to Apply.** Proposals will be accepted only from facilities that provide written notification of their intent to apply, following the specific format and instructions provided in Attachment A. Notification should come from the ACOS for Research at the Research Coordinator's VA facility. The Letter of Notification is required and will facilitate planning for the scientific review process (e.g., determining the number of reviewers and areas of expertise needed, identifying any conflicts of interest among potential reviewers).

b. The Notification of Intent to Apply should be sent via email to Linda.McIvor@va.gov by COB **April 15, 2005**.

c. **Application Information.** Attachment C contains instructions for full proposal submission.

d. **Administrative Checklist**. Attachment C is a copy of the administrative checklist that HSR&D will use in checking applications. Applicants and the office of the ACOS for Research at the Research Coordinator's facility are advised to review the proposal and complete the checklist to ensure that the requested information is provided.

11. Schedule. The following review and award schedule is projected:

a. Program Announcement issued	March 15, 2005
b. Notification of Intent to apply due by COB on	April 15, 2005
c. Proposals due by COB on	June 15, 2005
d. Initial proposal Scientific Review completed by	July 15, 2005
e. Final Notification Letters Mailed	August 1, 2005
f. Funding Begins	October 15, 2005

12. **Contacts**. Questions regarding this solicitation or the QUERI program should be directed to Joseph Francis, MD, MPH, Associate Director, HSR&D/QUERI (substantive or scientific issues) at Joe.Francis@va.gov or 202-254-0289 or Ms. Linda McIvor (administrative issues) at Linda.McIvor@va.gov or 202-254-0230.

Stephan D. Fihn, MD, MPH
Acting Chief Research and Development Officer

Attachments

Attachment A

Instructions for QUERI Center Letters of Notification

The Letter should be no more than 4 pages in length (exclusive of references) and contain the following information.

- Identify the proposed QUERI Center and summarize the Center's proposed mission and goals, including its projected short- and long-term clinical focus.
- List key personnel and planned collaborators, including the Research and Clinical Coordinators (listing their VA facilities as well) and key VA and non-VA co-investigators. Briefly describe the Research Coordinator's past or current involvement in QUERI, in health services or rehabilitation research, and in implementation research and practice. Briefly describe the Clinical Coordinator's past or current involvement in VHA clinical leadership in the applicable clinical area, and his/her past or current involvement in QUERI. If an Implementation Research Coordinator has been identified, briefly describe his/her past or current involvement in QUERI, in health services research, and in implementation research and practice.
- Provide the name, telephone number and email address for an administrative contact person working with the Research Coordinator.

Note that information provided in the Letter of Notification is not binding and may be revised during development of the full proposal. However, HSR&D should be notified in advance of any major changes in the proposed Center's focus or leadership (i.e., Research or Clinical Coordinator names or VHA facilities) or if the PI decides not to submit a full proposal following submission of a Letter of Notification.

Attachment B

Instructions for Submission of Proposals
For a QUERI Coordinating Center for Polytrauma and Blast-related Injury

1. **General.** The application should be complete and comprehensive as submitted. Applicants should follow the prescribed instructions and format so that all pertinent information is available and easily accessible to reviewers, to allow for equitable comparative review.

2. **Format.**

   a. **Forms Required.** Use VHA Forms 10-1313-1 through 8, "Merit Review Application," and VHA Form 10-1436, "Research and Development Information System Project Data Sheet" (if needed to report ongoing related work in Appendix 2 of the proposal). These forms are available through each VHA medical facility's Office of Research and Development (or equivalent) or at http://www1.va.gov/resdev/funding/process/forms.cfm.

   b. **Printing, Reproduction, and Assembly.** Use standard 8-1/2" by 11" white paper for pages other than forms. Type material single-spaced. Type must be easy to read (and photocopy). The minimum size for computer-generated print is 11 point (approximately 1/8 inch in height for capital letters). There may be no more than six lines of text per vertical inch and page margins must be a minimum of 1 inch at each edge. The original will serve as the master file copy; it should be printed on a single side. Copies should be duplicated back-to-back. Use a blank sheet of paper as a continuation sheet for VHA forms if necessary. Use binder clips rather than rubber bands, stapling, or binding to assemble each copy; and do not insert colored paper between the copies. NOTE: **do not include Social Security Numbers (SSNs) on copies**: only the original (master file copy) should contain SSNs.

   c. **Pagination.** Each page should be identified by both the proposed Research and Clinical Coordinators' last names and page number. Type the last names of both proposed Coordinators in the lower right portion of each page, followed by the sequential page number.

3. **Ordering and Content of Materials.**

   a. **VHA Form 10-1313-1** is the first page of the application. It provides brief identifying information for the proposed QUERI Center, as a whole. Items that may require clarification are discussed below.
      1) Items 1 and 2. Leave blank.
      2) Item 3. Identify review group as "Polytrauma QUERI."
      3) Item 4. Insert "July 2005" as review date.

4) Items 5,6. Insert the facility number and location for the proposed QUERI Center (Research Coordinator's facility)
5) Item 7. Social Security numbers of the proposed Research and the Clinical Coordinators (list Research Coordinator first). ONLY the master file copy will contain SSNs. On all other copies, leave the SSN blank. Items 7-9, 12-13, 16-18, and 20-21 should contain information for both of the proposed lead Coordinators, using the following designation: the Research Coordinator = (1) and the Clinical Coordinator = (2).
6) Item 8. If one or both Coordinators have previously applied for a QUERI Center, indicate the application date and role (Research or Clinical).
7) Item 9. Type the last names of the proposed Research and Clinical Coordinators (listing the Research Coordinator first, since this person is the proposed Principal Investigator [PI]) in capital letters, followed by the first name and initial(s). List the academic affiliations for both proposed Coordinators. Specify their degrees and list their telephone numbers and e-mail addresses.
8) Item 10. The title should not exceed 72 typewritten spaces and should assist the reader in quickly identifying the scope of the proposed work.
9) Item 11. The amount requested each year includes both Center locations, if applicable. The yearly totals should equal the sum of the amounts for the individual facility budgets (if the Center is based at two facilities) for each corresponding individual fiscal year, as listed on VHA Form 10-1313-4. The TOTAL is the total funding (in direct costs only) that is being requested for both Center locations for all years (not to exceed 3 years). (See Section 3d, "Total Core Budget Request" in this Attachment.)
10) Item 12. Check the appropriate box for each of the Research and Clinical Coordinators' VHA employment status. If both have the same status, then place a "1" and a "2" next to the marked box.
11) Item 13. Check the box for each of the Research and Clinical Coordinators' salary source. If both have the same status, then place a "1" and a "2" next to the marked box.
12) Item 14. Check the appropriate box for "new" project.
13) Item 15. (Program or Cost Center) Enter "870 QUERI".
14) Item 16. Insert the code(s) for the primary research program and the primary specialty area for each Coordinator. The code(s) should be the same as that reported to VHA's Research and Development Information System (RDIS). List the Research Coordinator first and continue to use numeric designation.
15) Items 17,18, 20, and 21. Provide information for proposed Coordinators with Research Coordinator listed first and continue to use numeric designation.
16) Item 19. Complete fully.
17) Signatures. The original, dated signatures of *both* Center Coordinators (Research and Clinical) are *required*—with the Research Coordinator listed first. The signature date should provide sufficient time for subsequent review by the ACOS for R&D or equivalent at the Research Coordinator's facility. An original, dated signature of the ACOS for R&D, or designee, also is required. In signing, this person certifies that the proposal is administratively complete

and all required reviews have been conducted. ***Type in the telephone number and e-mail address of the ACOS for Research (at the Research Coordinator's facility) or another individual to contact for any administrative issues; insert name in parentheses if not ACOS for Research. The signature for the ACOS for Research at an additional Center location (i.e., the Clinical Coordinator's facility) is not required.***

b. **VHA Form 10-1313-2** is the second page of the proposal.

1) Identifying Information. Check the appropriate box to indicate that you are describing a program. Provide the identifying information requested: QUERI Center Coordinators' names; Center facility name and location; and program title (maximum of 72 characters and spaces). The Research Coordinator is considered to be the PI for the program, and is the person responsible for overall direction of planned activities.
2) Abstract (500 words maximum). The abstract should provide a clear, concise overview of the proposed Center's scope, mission, clinical foci and planned activities and approaches for meeting QUERI's mission. List KEY WORDS that best describe the program's scientific discipline(s) and foci.

c. **Table of Contents and Proposal Narrative.** The Table of Contents is the third page of the proposal, followed by the proposal narrative. Use the following designated Roman numerals and headings for the Table of Contents and Narrative. Specify in the Table of Contents the page number on which each of the following required sections begins and follow the order listed in developing the narrative. Use the suggested page allocations as a guide for the narrative section (unless specified as a maximum), but in any case ***do not exceed 25 total maximum narrative pages, including organization chart, tables and lists specified below but exclusive of VHA forms, appendices, and table of contents***.

I. Executive Summary. (three pages maximum) Provide a clear and concise overview of the proposed Center's mission, clinical foci and rationale. Identify ideas and plans for the initial funding period. Highlight particular strengths of the Center's leadership and proposed infrastructure for achieving the Center's goals and addressing any weaknesses. Conclude by highlighting the perceived "added value" of the proposed Center for the overall care of veterans with polytrauma and blast-related injury.

II. QUERI Center Focus. (two-three pages) Describe the proposed Center's mission and proposed clinical scope and clinical priorities. Discuss the reasons for selecting the priorities in terms of their importance and appropriateness for the overall QUERI program, VHA and veterans' health and healthcare. Describe how you expect the Center to contribute nationally to the VHA during the next three years. Be sure to address key

products designed to promote clinical quality and outcome improvement in polytrauma and blast injury care (see Section 3b).

III. Initial Three-Year Ideas. (five pages) Outline anticipated projects, activities and plans for addressing the six QUERI steps and meeting QUERI's mission during the first three-year funding period. Include operational plans for bringing together identified clinical and research resources to implement the plan. Articulate how the core support (funding) will provide "added value" in terms of potential contributions to local and system-wide activities involving Polytrauma Lead Centers, RR&D research activities, and HSR&D research activities (e.g., linking research with clinical practice while contributing to local and national needs). Describe proposed plans for projects across the full six-step QUERI process, discussing the motivation and rationale for these projects in terms of current evidence and practice and needs. [***NOTE:*** *Within 6 months of receipt of core support funding, center staff are expected to provide a more detailed strategic plan for the Center's three-year funding period. Plans presented in the Center funding application should be of a more general nature. Instructions for the strategic plan can be obtained from QUERI program staff listed in Section 12 of the main body of this solicitation, "Contacts."*]

IV. Leadership and Capacity. (ten pages maximum, exclusive of VHA forms) This section is designed to document the applicant facility's (or facilities') and lead Coordinators' health services research and implementation research (and practice) qualifications and capability to accomplish the mission of QUERI.

(a) For the Research Coordinator's facility (and, if different, Clinical Coordinator's facility), summarize current and proposed/expected health services research capabilities and implementation research capabilities and how they will contribute to (1) meeting QUERI's mission, to (2) local and national health services research and implementation research capacity and to (3) national VHA quality enhancement capacity. (one page)
(b) Provide an organization chart depicting key staff and their relationships within the Center and each medical facility. (one page)
(c) List proposed and/or identified core staff and provide a one-paragraph description of their positions, related responsibilities and related research and policy/management expertise. (two pages)
(d) Present an overview of staff in tabular form (see example below, Table 1; one page).

TABLE 1: Core Staff

QUERI CENTER PRIMARY LOCATION:

Name/Position	**Personnel Qualifications**	**FTE**
SUSAN S. SMITH, highest degree Research Coordinator	Academic field x years, teaching y years, clinical z years, research (major research interests)	0.25 (contributed, if clinician)
JOHN D. DOE, highest degree Implementation Research Coordinator	Academic field x years, teaching y years, research (major research interests)	1.0
Administrative Coordinator, degree	x years experience	1.0
Research Assistant, degree (or Statistician, Computer Programmer, Program Assistant)	x years experience	0.5

QUERI CENTER ADDITIONAL LOCATION (IF APPLICABLE):

Name/Position	**Personnel Qualifications**	**FTE**
JOHN J. JONES Clinical Coordinator	Academic field x years, teaching y years, clinical z years, research (major research interests)	0.25 (contributed)
Research Assistant, degree	x years experience	1.0

(e) Elaborate on additional organizational/operational details, as follows:

(1) Describe local facility (Research Office or other) review procedures for research projects and reports (half page)

(2) Describe and document the commitment of the medical facility/ies to the proposed QUERI Center, and indicate how the involvement of other collaborating scientific groups (or facilities) will be managed routinely. (two pages)

(f) Describe facilities and other resources, as follows (two pages):

(1) List community institutions--including academic collaborators with well-established expertise in health services research and implementation/quality enhancement methodologies--that are expected to support the Center's activities. In an appendix, provide the name, telephone number, and mailing address of the expected liaison person for each institution. Also append any negotiated memoranda of understanding, signed by the appropriate officials of each participating institution.

(2) Describe available facilities for the Center (including plans for new or renovated space, if applicable), major items of equipment, and maintenance requirements. Provide estimates of contributed (or requested) costs.

(3) Describe VHA institutional and other sector support committed to (or expected for) the Center, beyond that requested through this application. Briefly discuss how this support will help accomplish the Center's goals (e.g., availability of large-scale databases for analyses and access to technical capabilities residing in affiliated facilities).

d. **Total Core Budget Request.** Use VHA Forms 10-1313-3 and 10-1313-4 to summarize the overall requested budget for the Center. Separate budget pages should be prepared for each Center location (if applicable); clearly label each set of forms with the appropriate Coordinator's name and the facility name and either "Research Coordinator" or "Clinical Coordinator". Insert both sets of forms here. Note that Year 1 budgets should address projected budget requests for Fiscal Year (FY) 2004 (one month), and the sum of both Center locations' budgets for each fiscal year should equal the overall totals for each fiscal year listed in box 11 on VHA Form 10-1313-1.

e. **Biographical Sketches and Individual Support.** Provide a biographical sketch and a list of up to ten recent or significant publications for each of the Center's key VHA and non-VHA collaborating staff, using VHA Forms 10-1313-5 and 10-1313-6, respectively.

f. **Appendices**. Appendices are limited as follows, and should be inserted, numbered, and labeled as specified below. ***Appendices 1 and 2 require VHA forms. The remaining Appendices (3-7) should not exceed thirty pages.***

I. Appendix 1. Current and Pending VHA and Non-VHA Research Support. For proposed staff, list each person's current and pending total VHA and non-VHA research support (if applicable), including funding period dates for all items listed, using **VHA Form 10-1313-7**. (Pending requests should be

included, even if there is no current support.) Add **VHA Form 10-1313-8** only when needed to elaborate information as requested in Form 10-1313-7.

II. Appendix 2. Related Ongoing Projects. Insert project abstracts (for submitted proposals), HSR&D letters of intent, or VHA Forms 10-1436 (for funded projects).

III. Appendix 3. Letters of Commitment. Append a formal letter of commitment for all non-VHA investigators who will become active collaborators with the Center's activities. Include their academic titles. List consultants and indicate for each: nature of the service to be performed; fee and amount of travel and per diem for each consultant; and the number of consultations to be provided. Append a letter from each consultant who has agreed to perform this service.

IV. Appendix 4. Memoranda of Understanding. Append Memoranda of Understanding with collaborating institutions.

V. Appendix 5. Additional Information. Append any additional information (not to exceed two pages) that you believe is essential for appropriate consideration of the proposal.

VI. Appendix 6. Medical Facility Endorsement. Append endorsement letters from the Research and (if different) Clinical Coordinators' medical facility Director(s).

VII. Appendix 7. Authorization to Share Materials for Review. It is expected that proposals will be reviewed by VHA and non-VHA reviewers. Please append the following statement, signed by the applicant(s): "VHA is authorized to share copies of all materials included in this application, for the purpose of review."

4. **Submission.** Submit (by mail) the original application plus twenty copies of the proposal to:

   QUERI Center Review
   Attn: Ms. Linda McIvor
   Department of Veterans Affairs, Central Office
   Health Services Research & Development Service (**124Q**)
   810 Vermont Avenue, NW
   Washington, DC 20420
   Tel: 202-254-0230

5. **Due Date.** Proposals received after the **due date of June 15, 2005** (and applications from facilities that fail to notify HSR&D by **April 15, 2005** of their intent to apply) will not be reviewed. HSR&D will confirm receipt of intent to apply and proposals via facsimile or e-mail to the ACOS for Research and Development (or designated contact listed beside the ACOS signature at the end of VHA form 10-1313-1, first application page) for the Research Coordinator's facility.

6. **Availability During Review Period.** Scientific review is expected to occur in mid-late July, 2005. Once the specific dates are scheduled, applicants will be informed

and asked to identify a contact who can reach the proposed Coordinators to obtain answers to any reviewer questions that may arise during the review meeting. Depending upon the number of applicants, the proposed Research and Clinical Coordinators may be invited to (1) attend portions of the review meeting to respond to reviewer questions during the meeting, or, alternatively, (2) reverse site visits may be conducted for the most promising potential sites. Applicants are advised to make flexible plans for attending a review meeting and possibly a reverse site visit between **July 15 and July 31, 2005**.

Attachment C

HSR&D ADMINISTRATIVE CHECKLIST FOR QUERI CENTER PROPOSALS

PROPOSAL FROM _____
(Research Coordinator's facility / Research and Clinical Coordinators)

Notification of Intent to Apply received in HSR&D,
VA Central Office (VACO) by **April 15, 2005** _____

Unbound original and twenty copies (do not include SSNs on copies)
received at HSR&D, VA Central Office (VACO) by **June 15, 2005** _____

[NOTE: IF EITHER OF ABOVE TWO CONDITIONS IS NOT MET, MARK "NO" ABOVE AND RETURN MATERIALS TO SENDER]

VHA Form 10-1313-1 (Coordinators are 5/8ths VHA);
[signed by ACOS for Research at the Research Coordinator's facility] _____

VHA Form 10-1313-2 (page 2) _____

Table of Contents (page 3) _____

Narrative (25 page limit, including org chart and table 1 but excluding
Table of Contents, VHA forms and appendices) _____

I. Executive Summary (three page limit) _____

II. QUERI Center Focus (three page limit) _____

III. Initial Three-Year Ideas (five page limit) _____

IV. Leadership and Capacity (10 page limit exclusive of VHA forms) _____
   a. summary of HSR capabilities (one page) _____
   b. organization chart (one page) _____
   c. core staff list, description (two pages); Coordinators are at least 5/8ths VHA and allocating .25 FTEE _____
   d. staff overview (Table 1, one page) _____
   e. organizational/operational details
      -- description of local review procedures (1/2 page) _____
      -- description of commitment (two pages) _____
   f. facilities/resources (collaborators, facilities, support) (2 pages) _____

Total Core Budget Request – (VHA Forms 10-1313-3 and 4)
[one set for the overall Center and, if applicable, one set for each facility] _____

Biographical Sketches and Individual Support (VHA forms 10-1313-5 and 6
for all key staff) _____

Appendices (page limits met) _____

Appendix 1. Current & Pending VHA & non-VHA Research Support
(VHA Forms 10-1313-7, and 8 if appropriate) _____

Appendix 2. Related Ongoing Projects
(Abstracts, HSR&D LOIs or VHA Form 10-1436) _____

Appendix 3. Letters of Commitment from non-VHA collaborators _____

Appendix 4. Memoranda of Understanding _____

Appendix 5. Additional Information (maximum two pages) _____

Appendix 6. Medical Facility Endorsement letters (for the Research Coordinator's facility and, if different, Clinical Coordinator's facility), signed by Director or appropriate designee _____

No other letters of endorsement included _____
(if included—remove)

Appendix 7. Statement of Authorization to Share Materials _____